

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

CITY OF NEW BEDFORD

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	CUIT FEBERALING DAM 8 08
	BOARD OF ELECTION
Type of Report: (Check one)	COMMISSIONER
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
BRUCE DWIELD JR.	CTE BRUCE DUARTE JR.
Candidate Full Name (if applicable)	Committee Name
WARD 4	MICHOIN DURITE
Office Sought and District	Name of Committee Treasurer
	864 hemoton ST no
804 hempton ST. no	Committee Mailing Address
Residential Address	
Telephone Number (optional): 194-930 - 2939	Telephone Number (optional): 1914-430-2038
CHMMADVRAI	ANCE INFORMATION:
SOMWANI DAL	
Line 1: Ending Balance from previous repor	t (984.30
Line 2: Total receipts this period (page 3, lir	ne 11) 200.00
Line 3: Subtotal (line 1 plus line 2)	6 84.30
Line 4: Total expenditures this period (page	5, line 14) &57.50
Line 5: Ending Balance (line 3 minus line 4)	26.80
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (pa	ge 7) 2075.00
Line 8: Name of bank(s) used: New	Beaford Clodit Union
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign
finance activity of all persons acting under the authority or on behalf of this comm	n 12 12 11 1
Signed affider the penalties of perjury:	(Treasurer's signature) Date: 777
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	eck 1 box only)
Candidate with Committee and no activity independent of the committe I certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this incurred.	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it finance activity, including contributions, loans, receipts, expenditures, disbu campaign finance activity of all persons acting under the authority or on beh	is, to the lest of my knowledge and belief, a true and complete statement of all campaign remember in kind contributions and liabilities for this reporting period and represents the
Signed under the panelties of perjury	(Candidate's signature) Date: 2-21-14

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/31/13	BRUCE DUARTE JR.	200.00	Bity Councilose
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	200 cc	Enter on page 1, line 2

Page 3

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well

	To Whom Due	g period. Address	Purpose	Amount
Icurred	Beile Durere le	804 nempronst	Loan to . Campaign	1875.00
10 31 13	BRUCO DIARTES	80416mpionST	Loan to. Campaign	200.00
	Enter on page 1, 1	Line 18: TOTAL OUTS	STANDING LIABILITIES (ALL) 207

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Dunkin Danuts	1091 hemptonst NB.	Coffee Hair	55.00
10/20/18	Pulse Printing	กв.	f'luers	552.50
11/3/13	Robo Calls	Boston ma.	auto	250.00
1		Line 12: Expenditures over \$5	50 (or listed above)	857.50
		Line 13: Expenditures \$50 and	i under* (not listed above)	
	Enter on page 1, line 4 →		TURES IN THE PERIOD	857.50

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

te Received	From Whom Received*		Residential Address	Des	scription of Contribution	Value
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		- <u></u>			listed abo')
<u> </u>			Line 15: In-Kind Con	tributio	ons over \$50 (or listed abov	above)
			Line 16: In-Kind Con	tributic	ons \$50 & under (not listed D CONTRIBUTIONS n a calendar year, you must rep	(above) (

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.